

# A Consumer's Nursing Home Checklist

**THE FOLLOWING CHECKLIST MAY BE USED AS A REFERENCE FOR EVALUATING AND COMPARING THE NURSING HOMES YOU OR SOMEONE YOU TRUST VISITS. USE A NEW CHECKLIST FOR EACH NURSING HOME YOU VISIT.**

The most important consideration in any choice is the individual's specific situation. Each resident – young, elderly, ambulatory, bedridden or ill – has different needs, preferences and desires that need to be taken into account in the selection of an appropriate nursing home. The following checklist should be considered a suggestion for what you may want to include in your consideration of nursing homes. Whether or not a particular question applies to your situation and the emphasis you place on any question is up to you.

Parts of this checklist were adapted from similar checklists developed by the states of New York and Massachusetts and the American Health Care Association (AHCA).

Nursing Home Name: \_\_\_\_\_

Date and time visited: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Administrator: \_\_\_\_\_

Medical director: \_\_\_\_\_

Director of Nursing: \_\_\_\_\_

Admissions Representative (name and direct phone number): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## I. BASIC INFORMATION:

These questions should be considered first, since they may eliminate some nursing homes as an available and appropriate option based on your individual needs. Most of the questions should be answered by the facility's admissions representative.

- Is the facility Medicare certified: \_\_\_\_ Yes \_\_\_\_ No
- Is the facility Medicaid certified: \_\_\_\_ Yes \_\_\_\_ No
- Is the facility accepting new residents: \_\_\_\_ Yes \_\_\_\_ No
- Is there a waiting period for admission: \_\_\_\_ Yes \_\_\_\_ No

If Yes, how long is the waiting period:

\_\_\_\_\_  
\_\_\_\_\_

## USEFUL INFORMATION

Generally, skilled nursing care is available only for a short period of time after a hospitalization and may be paid through Medicare if all requirements are met. Basic nursing care is for a much longer period of time. If a facility offers both types of care, learn if residents may transfer between levels of care within the nursing home without having to move from their old room or from the nursing home.

Nursing homes that only take Medicaid residents might offer longer term but less intensive levels of care. Nursing homes that don't accept Medicaid payment may make a resident leave when Medicare or the resident's own money runs out.

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## LOCATION

- Is the facility convenient for frequent visits of family and friends? ☐ Yes ☐ No
- To which hospital are residents sent for emergency care? \_\_\_\_\_
- How far away is that hospital? \_\_\_\_\_
- Does the resident's personal physician have privileges at that hospital? ☐ Yes ☐ No
- Does the resident's personal physician have privileges at the nursing home? ☐ Yes ☐ No

## COSTS

- Are all the services that the resident requires included in the basic daily charge? ☐ Yes ☐ No
- If not, is a list of specific services not covered by the basic rate available? ☐ Yes ☐ No  
(Some facilities have fee schedules covering therapies, beautician services, specialty foods, etc.)
- Are advance payments returned if a resident leaves the facility? ☐ Yes ☐ No

## LICENSURE AND CERTIFICATION

- Does the facility have a current license from the State? ☐ Yes ☐ No
- Does the administrator have a current license from the State? ☐ Yes ☐ No
- Is the latest state survey available for review? ☐ Yes ☐ No
- Have cited deficiencies been corrected? ☐ Yes ☐ No  
If corrected, when and how were they corrected? \_\_\_\_\_  
\_\_\_\_\_

If deficiencies are not yet corrected, what is the facility's plan for correcting them? \_\_\_\_\_  
\_\_\_\_\_

### USEFUL INFORMATION:

Licensure: The nursing home and its administrator should be licensed by the State to operate. A copy of the license should be prominently displayed.

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## II. NURSING HOME INFORMATION AND OPERATING HISTORY:

- How long has the nursing home been in operation? ☐ Yes ☐ No
- Has the nursing home's ownership changed recently? ☐ Yes ☐ No
- Are changes in ownership planned? ☐ Yes ☐ No  
If so, what consequences would they have for residents? \_\_\_\_\_  
\_\_\_\_\_
- Does the facility have Special Services Units:
  - Alzheimer's disease ☐ Yes ☐ No
  - AIDS ☐ Yes ☐ No
  - Subacute care/Rehab care ☐ Yes ☐ No
  - Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### USEFUL INFORMATION:

Nursing homes may be owned by state or local governments (public nursing homes), individuals, corporations, and religious or charitable organizations. Most nursing homes are not-for-profit businesses (voluntary nursing homes) or businesses operated for profit (proprietary nursing homes).

Final responsibility for the operation of a nursing home lies with its owner (proprietary nursing home) or governing body, usually a board of directors or trustees (voluntary nursing home). The types of ownership and management are not an indication of the quality of service that you would receive.

Special Services: If a nursing home has special service units, learn if there are separate waiting periods or facility guidelines for when residents would be moved on or off the special unit. Some examples are: rehabilitation, Alzheimer's, and hospice.

## III. STRUCTURE AND RELATED FEATURES:

Many of these questions can be answered by walking around the nursing home, while others may require answers from the admissions representative.

### GENERAL STRUCTURE

- How many floors are there? \_\_\_\_\_
- How many units are there? \_\_\_\_\_
- How many single rooms are there? \_\_\_\_\_
- How many double rooms are there? \_\_\_\_\_
- How many triple or larger rooms are there? \_\_\_\_\_

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## CLEANLINESS AND PHYSICAL CONDITION OF NURSING HOME

- Is the facility clean? ☐ Yes ☐ No
- Is the facility free of unpleasant odors? ☐ Yes ☐ No
- Is the facility well-lighted? ☐ Yes ☐ No
- Does the facility maintain comfortable temperatures? ☐ Yes ☐ No

### USEFUL INFORMATION:

A good nursing home should be clean. Look in the corners of residents' rooms, bathrooms, nourishment kitchens on nursing units, nurses' stations, as well as in the main visiting lounges.

Unpleasant odors reflect problems. If there is an odor in a particular section of the nursing home, go back to see if it has been eliminated within a reasonable amount of time. This will give you an idea of how long it takes the nursing home to deal with the cause of the unpleasant odor.

## LOBBY

- Is the atmosphere welcoming? ☐ Yes ☐ No
- Is the furniture attractive and comfortable? ☐ Yes ☐ No
- Is there a bulletin board with the activities schedule? ☐ Yes ☐ No
- Are certificates and licenses on display? ☐ Yes ☐ No

## HALLWAYS

- Are halls wide enough for two wheelchairs to pass easily? ☐ Yes ☐ No
- Do halls have hand grip railings? ☐ Yes ☐ No
- Are halls well lighted? ☐ Yes ☐ No

## DINING ROOM

- Is the dining area attractive and inviting? ☐ Yes ☐ No
- Are tables convenient for those in wheelchairs? ☐ Yes ☐ No
- Does the dining room environment encourage to residents to relax, socialize, and enjoy their food? ☐ Yes ☐ No

## KITCHEN

- Is the food preparation area separate from the dish washing and garbage areas? ☐ Yes ☐ No
- Is no food that needs refrigeration standing on counters? ☐ Yes ☐ No
- Does kitchen staff observe sanitation rules (hairnets, hand washing)? ☐ Yes ☐ No

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## BEDROOMS

- Do bedrooms open into the hall? ☐ Yes ☐ No
- Does each resident's room have a window? ☐ Yes ☐ No
- How many beds are there per room? \_\_\_\_\_
- Is there a privacy curtain for each bed that goes all the way around each bed? ☐ Yes ☐ No
- What is the facility's policy regarding the selection of roommates and the handling of roommate problems? \_\_\_\_\_  
\_\_\_\_\_
- Is there a nurse call bell by each bed? ☐ Yes ☐ No
- Is fresh drinking water beside each bed? ☐ Yes ☐ No
- Is there at least one comfortable chair per resident? ☐ Yes ☐ No
- Is there a closed closet or separate set of drawers for each resident? ☐ Yes ☐ No
- Is there room for a wheelchair to maneuver? ☐ Yes ☐ No
- Is there easy access to each bed? ☐ Yes ☐ No
- Are residents encouraged to decorate rooms with personal items such as pictures, crafts, etc? ☐ Yes ☐ No
- How is access to the phone, TV, VCR, and cable TV arranged? \_\_\_\_\_  
\_\_\_\_\_

## TOILET FACILITIES

- How many residents share a bathroom? \_\_\_\_\_
- Are bathrooms easy for a wheelchair resident to use? ☐ Yes ☐ No
- Is there a sink in each bathroom? ☐ Yes ☐ No
- Are nurse call bells near each toilet? ☐ Yes ☐ No
- Are hand grips on or near toilet? ☐ Yes ☐ No
- Do bathtubs and showers have non-slip surfaces and hand grips? ☐ Yes ☐ No

### USEFUL INFORMATION:

Examine the cleanliness of the toilet facilities.

## ACTIVITY ROOMS

- Are rooms available for resident activities? ☐ Yes ☐ No
- Is equipment (such as games, easels, yarn, kiln, etc.) available? ☐ Yes ☐ No
- Are residents using equipment? ☐ Yes ☐ No

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## SPECIAL PURPOSE ROOMS

- Are rooms set aside for physical examinations or therapy? ☐ Yes ☐ No
- Are rooms available for private visits with family and friends? ☐ Yes ☐ No
- Does the facility have at least one bed and bathroom for residents with contagious illnesses? ☐ Yes ☐ No

## SAFETY

- Are spills and other accidents cleaned up quickly? ☐ Yes ☐ No
- Are hallways free of clutter? ☐ Yes ☐ No
- Are doors to stairways kept closed? ☐ Yes ☐ No
- Is the facility well lighted inside and outside? ☐ Yes ☐ No
- Is the facility free of hazards underfoot? ☐ Yes ☐ No
- Are chairs sturdy and not easily tipped over? ☐ Yes ☐ No
- Are warning signs posted on wet floors? ☐ Yes ☐ No
- Is there an alarm system to prevent wandering residents from leaving the facility? ☐ Yes ☐ No

## FIRE SAFETY

- Are written emergency evacuation plans posted with floor plans throughout the facility? ☐ Yes ☐ No
- Are exits clearly marked and unobstructed? ☐ Yes ☐ No
- Are exit doors unlocked on the inside? ☐ Yes ☐ No
- Does the nursing home have smoke detectors and sprinklers? ☐ Yes ☐ No

### USEFUL INFORMATION:

A facility must meet federal and/or state fire safety codes to be considered safe for occupancy.

## GROUNDS AND OUTDOOR SPACE

- Is there easy access for the handicapped? ☐ Yes ☐ No
- Is outdoor furniture available for residents and visitors? ☐ Yes ☐ No
- Are walkways free of hazardous objects? ☐ Yes ☐ No
- Is there adequate parking? ☐ Yes ☐ No
- Are there closed-in grounds? ☐ Yes ☐ No
- Are there patios? ☐ Yes ☐ No
- Are there individual patios for residents? ☐ Yes ☐ No
- Are there gardens for residents' use? ☐ Yes ☐ No

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## IV. MEDICAL AND RELATED SERVICES:

### MEDICAL SERVICES

- Is a physician available in an emergency? ☐ Yes ☐ No
- Is regular medical attention assured? ☐ Yes ☐ No
- Are personal physicians allowed to provide care? ☐ Yes ☐ No
- Will the resident's personal physician be notified in an emergency? ☐ Yes ☐ No
- Does the facility periodically report to the resident's personal physician? ☐ Yes ☐ No
- Are residents and families involved in plans for treatment? ☐ Yes ☐ No
- Is confidentiality of medical records assured? ☐ Yes ☐ No
- Are other medical services (dentists, podiatrists, optometrists) available? ☐ Yes ☐ No

### HOSPITALIZATION

- Does the facility have an arrangement with a nearby hospital? ☐ Yes ☐ No
- Is emergency transportation readily available? ☐ Yes ☐ No
- Does the facility make accommodations for holding beds when residents are hospitalized? ☐ Yes ☐ No

### PHARMACY

- Are routine and emergency drugs available? ☐ Yes ☐ No
- Does a pharmacist review resident drug regimens? ☐ Yes ☐ No
- Is a pharmacist available for staff and residents? ☐ Yes ☐ No
- Can residents use a pharmacy of their choice? ☐ Yes ☐ No

### USEFUL INFORMATION:

If you are allowed to receive your drugs through a mail-order pharmacy, you could save money.

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## NUTRITION AND HYDRATION

- Does the food smell and look good?    \_\_\_ Yes \_\_\_ No
- Is food served at the proper temperature?    \_\_\_ Yes \_\_\_ No
- Are residents offered choices of food at meal times?    \_\_\_ Yes \_\_\_ No
- Are nutritious snacks available during the day and evening?    \_\_\_ Yes \_\_\_ No
- Are there water pitchers and glasses on tables in the rooms?    \_\_\_ Yes \_\_\_ No
- Is there enough staff to assist each resident who requires help eating?    \_\_\_ Yes \_\_\_ No
- Does the staff encourage residents to drink if they are not able to do so on their own?    \_\_\_ Yes \_\_\_ No
- Is food delivered to residents unable or unwilling to eat in the dining room?    \_\_\_ Yes \_\_\_ No
- Are the residents' weights routinely monitored?    \_\_\_ Yes \_\_\_ No

### USEFUL INFORMATION:

Visit at meal time. Are residents rushed through meals or do they have time to finish eating and to use the meal as an opportunity to socialize with each other?

Sometimes the food a nursing home serves is fine, but a resident still won't eat. Nursing home residents may like some control over their diet. Can they select their meals from a menu or select their mealtime?

Ask about the availability of special diets that may be important for you (low salt, low fat, kosher, etc.). Ask about the involvement of dietitians in menu planning.

## THERAPY PROGRAM

- Is there a physical therapy program available under the direction of a qualified physical therapist?    \_\_\_ Yes \_\_\_ No
- Are services of an occupational therapist and speech pathologist available?    \_\_\_ Yes \_\_\_ No
- For rehabilitation stays, will the therapist make recommendations for the post-discharge phase?    \_\_\_ Yes \_\_\_ No



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## CARE PLANNING

- Are residents and families involved in developing their own care plans? ☐ Yes ☐ No
- Does the facility provide services for terminally ill residents and their families? ☐ Yes ☐ No

## V. NON-MEDICAL SERVICES:

### ACTIVITIES PROGRAM

- Are group and individual activities available? ☐ Yes ☐ No
- Are residents involved with the surrounding community? ☐ Yes ☐ No
- Are resident preferences observed? ☐ Yes ☐ No
- Do volunteers work with residents? ☐ Yes ☐ No
- Are outside trips planned? ☐ Yes ☐ No

### USEFUL INFORMATION:

Review the facility's activity calendar. Ask for room-bound or bed-bound residents.

### TRANSPORTATION

- Is transportation provided to facility-sponsored events? ☐ Yes ☐ No
- Is transportation provided for personal activities? ☐ Yes ☐ No

### SOCIAL SERVICES

- Is a social worker available to assist residents and families? ☐ Yes ☐ No

### FAMILY INVOLVEMENT

- Does the nursing home have a family council, which is periodically consulted by the facility staff? ☐ Yes ☐ No
- Does the nursing home have family support groups? ☐ Yes ☐ No

### LIBRARY

- Does the nursing home have a library for residents' use? ☐ Yes ☐ No

### RELIGIOUS OBSERVANCES

- Are arrangements made for residents to practice as they please? ☐ Yes ☐ No

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## GROOMING

- Is assistance in bathing and grooming available? ☐ Yes ☐ No
- Are barbers and beauticians available? ☐ Yes ☐ No
- Are basic personal laundry services available? ☐ Yes ☐ No

## PETS

- Does the nursing home allow visits by pets? ☐ Yes ☐ No
- Does the facility have pets? ☐ Yes ☐ No
- Are residents allowed to keep pets? ☐ Yes ☐ No

## VI. RESIDENT RIGHTS/AUTONOMY:

- Does the facility have a written description of resident rights and responsibilities? ☐ Yes ☐ No
- Is staff trained to protect the resident's dignity and privacy? ☐ Yes ☐ No
- Does the facility have an advanced directives policy? ☐ Yes ☐ No

### USEFUL INFORMATION:

Residents of nursing homes in Maryland are entitled to certain rights. You can find the Maryland's Resident Bill of Rights by clicking on the respective links of this Guide. Ask about the facility's policies and procedures for restraint use. You should familiarize yourself with these rights before you visit the nursing home.

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## VII. NURSING FACILITY STAFF:

Staffing is a very important consideration in choosing a nursing home. Each nursing home will have staff with particular responsibilities. However, how many staff and what types of staff should be on duty throughout the day and night will depend on many factors. These factors include how large the nursing home is, how many residents there are, and how serious their health care needs are. The questions below, together with the other questions included in this Checklist, will help you gather information about a nursing home's staff.

### ADMINISTRATION

- How long has the Administrator been at the nursing home? \_\_\_\_\_
- How long has the Director of Nursing been at the nursing home? \_\_\_\_\_
- How many Directors of Nursing have there been in the past two years? \_\_\_\_\_  
\_\_\_\_\_

#### USEFUL INFORMATION:

The administrator is the person in charge of day-to-day management of the nursing home; the administrator is appointed by the owner or governing body.

The Director of Nursing must be a registered nurse and licensed by the State.

### CLINICIANS

- How long has the Medical Director been at the facility? \_\_\_\_\_
- Does the Medical Director have training in geriatrics or nursing home medicine? \_\_\_\_ Yes \_\_\_\_ No
- Does the nursing home utilize nurse practitioners? \_\_\_\_ Yes \_\_\_\_ No
- How often does the physician(s) that would care for you or your family member make visits to the facility? \_\_\_\_\_

#### USEFUL INFORMATION:

The Medical Director must be a licensed Maryland physician who is responsible for the overall coordination of the medical care in the facility to ensure the adequacy and appropriateness of the medical services provided to residents and to maintain surveillance of the health status of employees.

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## NURSING HOME STAFF

- How many residents per nurse for day, evening and night shifts do they have in the nursing home? \_\_\_\_\_
- How many residents per Certified Nurse Assistants (CNAs) for day, evening and night shifts does the nursing home have? \_\_\_\_\_
- Does the nursing home use nurses from a temporary agency (e.g., contract or pool nurse)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, how often and how many? \_\_\_\_\_
- Does the nursing home conduct background checks on all staff? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does the nursing home have Abuse Prevention Training? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does staff on special care unit receive specialized training? \_\_\_\_\_ Yes \_\_\_\_\_ No

## USEFUL INFORMATION:

A Certified Nursing Assistant (CNA) is an individual regardless of title who routinely performs nursing tasks delegated by a registered nurse or licensed practical nurse. A CNA is certified by the State.

Sometimes nursing homes will contract with nurses on a temporary basis in order to meet changing needs. However, nursing homes should not rely too heavily on these temporary nurses. Ask whether entire shifts (nights, weekends) are covered by such temporary nurses.

Background Checks: Do the nursing home's procedures to screen potential employees for a history of abuse meet your State's requirements? Your State's Ombudsman program might be able to help you with this information.

Staff Training: Do the nursing home's training programs educate employees about how to recognize resident abuse and neglect, how to deal with aggressive or difficult residents, and how to deal with the stress of caring for so many needs? Are there clear procedures to identify events or trends that might lead to abuse and neglect, and on how to investigate, report, and resolve your complaints?

## GENERAL OBSERVATIONS

- Does the staff show interest in, affection, and respect for individual residents? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is staff courteous? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does staff respond quickly to resident calls for assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does staff interact respectfully and in a friendly manner with other staff? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is the administrator available to answer questions or discuss problems? \_\_\_\_\_ Yes \_\_\_\_\_ No
- What languages other than English are spoken by the staff? \_\_\_\_\_
- What is the staff's communication strategy if English is not a resident's primary language? \_\_\_\_\_

# A Consumer's Nursing Home Checklist

## VIII. YOUR PART:

IF YOU ARE SELECTING A NURSING FACILITY FOR A LOVED ONE, ARE YOU

- |   |                |
|---|----------------|
| • Involving this person in the choice?  | ___ Yes ___ No |
| • Prepared to ease your loved one's transition to the nursing facility by being with them on admission day and staying several hours to get them settled? | ___ Yes ___ No |
| • Ready to visit the resident frequently and encourage friends to make similar visits?  | ___ Yes ___ No |